

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your Notice:
 - \$150 check or money order for the filing fee.
 - Well construction diagram, labeling all specifications listed in Section 6.
- ❖ Authority for fee: A.R.S. § 45-596.

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER

55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION						
Well Type		Proposed Action		Location of Well		
CHECK ONE		CHECK ONE		WELL LOCATION ADDRESS (IF ANY)		
<input type="checkbox"/> Monitor <input type="checkbox"/> Piezometer <input type="checkbox"/> Vadose Zone <input type="checkbox"/> Air Sparging <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Modify <i>If Deepening or Modifying:</i> WELL REGISTRATION NUMBER 55 -		TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <div style="text-align: center;"> 1/4 1/4 1/4 </div> COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL COUNTY WHERE WELL IS LOCATED		

SECTION 2. OWNER INFORMATION			
Well Owner		Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL	
MAILING ADDRESS		MAILING ADDRESS	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. DRILLING AUTHORIZATION			
Drilling Firm		Consultant (if applicable)	
NAME		CONSULTING FIRM	
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	CONTACT PERSON NAME	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
		E-MAIL ADDRESS	

SECTION 4.			
Questions	Yes	No	Explanation:
1. Are all annular spaces between the casing(s) and the borehole for the placement of grout at least 2 inches?			2-inch annular spaces are special standards required for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
2. Is the screened or perforated interval of casing greater than 100 feet in length?			100-foot maximum screen intervals are a special standard for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
3. Are you requesting a variance to use thermoplastic casing in lieu of steel casing in the surface seal?			The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
4. Is there another well name or identification number associated with this well?			IF YES, PLEASE STATE
5. Have construction plans been coordinated with the Arizona Department of Environmental Quality?			IF YES, PLEASE STATE AGENCY CONTACT & PHONE NUMBER
6. For monitor wells, is dedicated pump equipment to be installed?			IF YES, PLEASE STATE DESIGN PUMP CAPACITY Gallons per Minute
7. Will the well registration number be stamped on the vault cover or on the upper part of the casing?			IF NO, WHERE WILL THE REGISTRATION NUMBER BE PLACED?

SECTION 5. WELL CONSTRUCTION DETAILS

Drill Method	Method of Well Development	Grout Emplacement Method
CHECK ONE <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure Grout <input type="checkbox"/> Tremie <input type="checkbox"/> Other (please specify):
	Method of Sealing at Reduction Points	Surface or Conductor Casing
	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Welded <input type="checkbox"/> Swedged <input type="checkbox"/> Packed <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Flush Mount in a vault <input type="checkbox"/> Extend 1' above grade

SECTION 6. PROPOSED WELL CONSTRUCTION PLAN (attach additional page if needed)

DATE CONSTRUCTION TO BEGIN

Attach a well construction diagram labeling all specifications below.

Borehole			Casing												
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE IF ANY (inches)
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	

Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)								FILTER PACK		
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				

IF THIS WELL HAS NESTED CASINGS, SPECIFY NUMBER OF CASING STRINGS	EXPECTED DEPTH TO WATER Feet Below Ground Surface
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I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.		
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER OR LANDOWNER	DATE